



OREGON MEDICAL BOARD REPORT

Vol. 138 No. 4 | Fall 2025

Sisters, OR

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Upcoming Meetings

November 18, 2025, 10 a.m. SNP Public Hearing
November 21, 2025, 9 a.m. EMS Advisory Committee
December 4, 2025, 8 a.m. Investigative Committee
December 5, 2025, Noon Acupuncture Advisory Committee
December 10, 2025, 5 p.m. Administrative Affairs Committee
January 8, 2026, 8 a.m. Board Meeting

Visit omb.oregon.gov/meetings
for a complete list of upcoming
meetings.

OMB Welcomes MD, Public Members

During the October Board meeting, the Oregon Medical Board swore in two new members: Amy Dourgarian, MD, of Salem, and Nicole Hough, JD, of Bend.



Amy Dourgarian, MD, is a board-certified emergency medicine physician. She completed medical school and residency at OHSU. She is a partner with Salem Emergency Physician

Services and serves as their chief quality officer and Advance Practice Providers medical director and has practiced at Salem Hospital since 2007.

Dr. Dourgarian has a strong interest in quality and patient care. She has been a member of the Salem Health quality team for the past 15 years and is currently vice chair of the hospital peer review committee. She is excited for the opportunity to serve the Oregon community in this new capacity as a medical board member.

Dr. Dourgarian grew up in Salem, OR, and is happy to be practicing in her home community. In her spare time, she enjoys travelling and spending time with her high school sweetheart and her teenage sons.



Nicole Hough, JD, is a senior executive with more than 25 years of healthcare, legal, and consulting leadership experience serving government and private organizations.

A small business owner and former civil litigation attorney, she served on St. Charles Health System's executive leadership team.

Ms. Hough's expertise encompasses executive healthcare leadership; enterprise-level compliance and privacy programs; healthcare regulations and operations; corporate governance; risk assessment and mitigation; medical professional liability; and community engagement with law enforcement, healthcare partners, and advocacy groups.

Ms. Hough holds a B.A. in Biology and Literature from UC Santa Cruz and a J.D. from UC San Francisco School of Law (formerly Hastings College of the Law). She is recognized for her commitment to ethics and integrity. 

Oregon Medical License Renewal Underway: Renew by Dec. 31

Oregon Medical Board licensees may now renew their medical licenses for the 2026-2027 biennium. See pages 2 & 3 for important renewal information.

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

License Renewal: What You Need to Know

Oregon physicians and physician associates have until **December 31, 2025**, to renew their medical licenses. Licenses not renewed by this deadline will lapse. Practicing medicine with a lapsed license is a felony offense and grounds for disciplinary action.

To ensure the renewal process runs as smoothly as possible, review the following License Renewal Checklist:

Ensure you have updated address information available and ready to input, remembering that mailing and practice addresses are public information.

Email addresses should not be a third party email address as correspondence from the Board, such as renewal reminders, will be sent to the email address on file.

Review the OMB's [License Status page](#) to determine the appropriate licensure status for your renewal.

If selecting a status that requires reactivation, renew at the current status and also submit a reactivation application to ensure that your current license does not lapse.

Submit your renewal as early as possible to give staff time for review and follow-up if necessary.

Remember to log in to the OMB's [Applicant/Licensee Services](#) portal prior to renewal to ensure you have the correct login credentials.

Don't hesitate to call or email with any questions; however, please be mindful that due to the renewal of more than 26,000 licensees, hold times for phone calls will vary.

Visit the OMB's [license renewal webpage](#) for more information and resources.

Continuing Education Requirements

The Board is committed to ensuring the ongoing competence of its licensees for the protection, safety, and wellbeing of the public. All licensees must engage in a culture of continuous quality improvement and lifelong learning.

General Continuing Education: Licensees must participate in board-recognized maintenance of

board certification or continuing medical education. If audited, OMB staff will verify participation in recertification directly with the certifying specialty boards. You do not have to send in certificates unless directed by OMB staff. If a licensee is lifetime certified or otherwise not maintaining time-limited specialty board certification, the Board requires licensees to provide documentation of continuing medical education hours.

Pain Management: Recognizing that all providers play a role in a patient's pain management care and that up-to-date knowledge is one of many tools, licensees must complete the Oregon Pain Management Commission's (OPMC) free one-hour course, "[Transforming Pain Management: A Journey to Better Care](#)," every two years.

Cultural Competency: Licensees must complete one hour of Cultural Competency Continuing Education every year. The law was written broadly to allow a wide array of courses or experiences. The content must teach attitudes, knowledge, and skills that enable a provider to care effectively for patients from diverse cultures, groups, and communities. ***If it helps you care for Oregon's diverse patient population, it counts!*** Visit omb.oregon.gov/CE for more information.

Personal History Questions & The Attestation Model

The Oregon Medical Board recognizes that licensees encounter personal health conditions, including mental health and substance use disorders, just as their patients and fellow health care providers do.

In 2023, the OMB removed intrusive and stigmatizing language around mental health care and treatment from licensure applications and renewals. In its place, the Board adopted an attestation model which relies on licensees and applicants to hold themselves accountable for their own well-being. This approach affirms the OMB's philosophy that self-care is patient care. The license renewal advisory statement and personal history questions are available to view [here](#). See the Board's [Wellness webpage](#) for additional information and resources.

License Renewal Fees

The OMB does not receive tax funding and relies on licensing and service fees to provide the services and resources necessary to ensure that only qualified and competent individuals are licensed to practice medicine in Oregon, remediate licensees who pose a threat to patient safety, and inform members of the public about their medical providers.

Fees must be paid before the OMB can process an application for renewal. Once fees are submitted, they will not be refunded, credited, transferred, or prorated. +

Physician (MD, DO)

License Registration	\$608
OHSU Library	\$20
Prescription Monitoring	\$70
OHA Workforce Database	\$4
HPSP Passthrough	\$50
Total	\$752

Physician (DPM)

License Registration	\$608
Prescription Monitoring	\$70
OHA Workforce Database	\$4
HPSP Passthrough	\$50
Total	\$732

Physician Associate (PA)

License Registration	\$478
Prescription Monitoring	\$70
OHA Workforce Database	\$4
HPSP Passthrough	\$50
Total	\$602

Dark blue rows are Board-assessed fees. Light blue rows are collected by the OMB but remitted to other state agencies as directed by the Oregon Legislature.

Oregon, California, Hawaii & Washington Form West Coast Health Alliance

In September 2025, the governors of Oregon, California, Hawaii, and Washington formed the West Coast Health Alliance. The alliance represents a unified regional response to ensure that public health recommendations are guided by safety, efficacy, transparency, access, and trust. The Alliance will help safeguard scientific expertise by ensuring that public health policies in Oregon, California, Hawaii, and Washington are informed by trusted scientists, clinicians, and other public health leaders. Through this partnership, the four states will coordinate health guidelines by aligning immunization recommendations informed by respected national medical organizations. This will allow residents to receive consistent, science-based recommendations on which they can rely.

The Alliance will share principles to strengthen public confidence in vaccines and in public health. While each state will independently pursue strategies shaped by their unique laws, geographies, histories, and peoples, these shared principles will form the foundations of the Alliance. Importantly, the four states affirm and respect Tribal sovereignty, recognizing that Tribes maintain their sovereign authority over vaccine services. +

Resources:

- [West Coast Health Alliance FAQs](#)
- [Consensus WCHA 2025-2026 Respiratory Virus Season Immunization Recommendations](#)
- [2025-2026 Respiratory Virus Vaccine Recommendations FAQs](#)

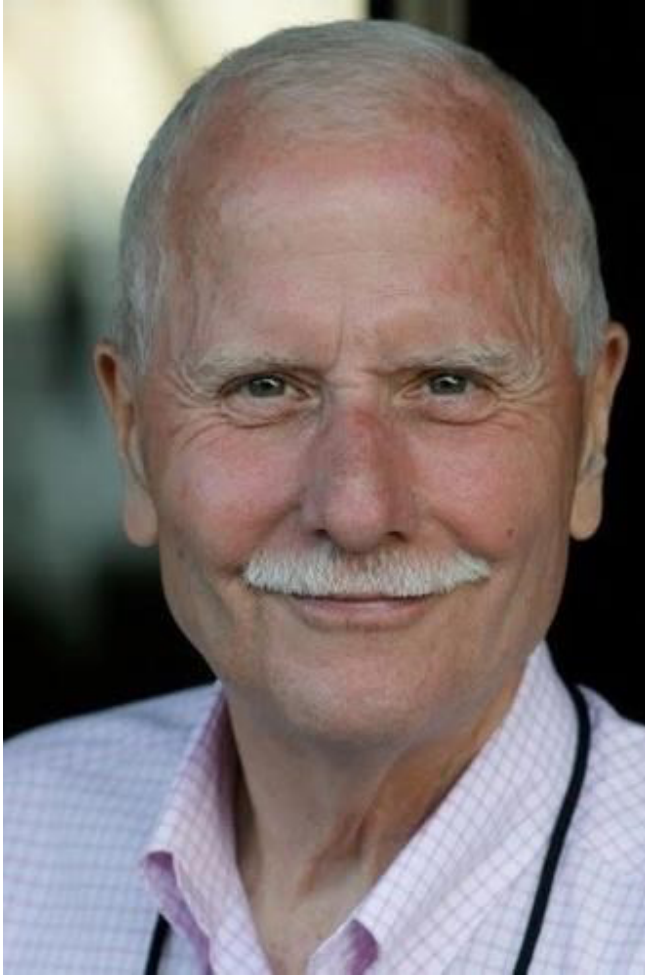
Consensus WCHA 2025-2026 Respiratory Virus Immunization Recommendations

Age or Condition	COVID-19	Influenza	RSV
Children	• All 6–23 months • All 2–18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors • All who choose protection¹	• All 6 months and older	• All younger than 8 months² • All 8–19 months with risk factors³
Pregnancy	• All who are planning pregnancy, pregnant, postpartum or lactating	• All who are planning pregnancy, pregnant, postpartum or lactating	• 32–36 weeks gestational age²
Adults	• All 65 years and older • All younger than 65 years with risk factors • All who are in close contact with others with risk factors • All who choose protection	• All	• All 75 years and older⁴ • All 50–74 years with risk factors^{4, 5}

1. COVID-19 vaccine is available for persons 6 months of age and older.
2. Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.
3. Effective September 15, 2025, see CDC's [RSV Immunization Guidance for Infants and Young Children](#) for additional information on risk factors for severe RSV disease in children 8-19 months.
4. Adult RSV immunization recommendations are currently for a single lifetime dose. Those who have previously received a dose do not need a second dose.
5. Effective September 15, 2025, see CDC's [RSV Vaccine Guidance for Adults](#) for additional information on risk factors for severe RSV disease in adults 50-74 years.

In Memory of Don Girard, MD

Former Oregon Medical Board Chair Donald "Don" Girard, MD, passed away peacefully on Thursday, Sept. 18, 2025, surrounded by family. Dr. Girard spent more than 41 years as a physician and educator at OHSU, helping countless patients, families, and residents with their journeys.



Dr. Girard graduated from Pomona College and the Baylor University School of Medicine. He interned at King County Harborview Hospital in Seattle and did his senior and chief residency years at OHSU (1972-73). He briefly served in the military at the Department of Internal Medicine, Martin Army Hospital, Fort Benning, Georgia (1973-1975) before rejoining OHSU.

During his storied career, Dr. Girard served as emeritus professor of medicine and associate dean of graduate and continuing medical education at OHSU School of Medicine, as well as various leadership roles, including associate chief of staff for ambulatory care at the Portland

VA and director of internal medicine residency program at OHSU. Dr. Girard founded the OHSU School of Medicine's General Internal Medicine Division, which has now mentored and developed countless academic generalists as a new discipline of medicine. He served as head of the division from 1980 to 1994.

In 2017, Dr. Girard was named the Oregon Medical Association's (OMA) doctor-citizen of the year. In presenting Dr. Girard's award, Robert Orfaly, MD, outgoing 142nd president of the OMA said, "Dr. Girard is the heart and soul of physician wellness, and we are all indebted to him for his caring and compassion toward improving the lives of practitioners."

Dr. Girard served on the Oregon Medical Board from 2010-2016, acting as Board Chair from 2014-2015.

"Dr. Girard's impact on the OMB – and on me personally – endures," said Nicole Krishnaswami, JD, OMB Executive Director. "When I joined the OMB staff in 2010, Dr. Girard became a key mentor who championed my professional growth and even served as my primary reference when I applied for the Executive Director position in 2018. He demonstrated a leadership style guided by service and compassion for others, and I aspire to carry forward the same ethos in my own work. His vision for Oregon continues to guide the OMB's strategic initiatives related to wellness, and while we will miss him dearly, we also celebrate his legacy in ensuring access to wellness resources for countless health care providers."

In a previous edition of the OMB Report, Dr. Girard described the experience of serving on the Board as "intense and challenging to your core; it takes more than you have to give, but which returns, in the end, a belief in your team and yourself, and a true feeling that you have done your best and made a difference."

"Dr. Girard unfailingly did his best," Ms. Krishnaswami added. "And yes, he made a difference." +

From the Desk of the Medical Director

A Note on Communication: From One Colleague to Another



Jordana Gaumond, MD
OMB Medical Director

Dear Colleagues,

I once had a mentor who told me his secret to success was to touch the doorknob for the shortest time possible. What he meant was, when you're with a patient, be fully present until the visit is truly complete and don't stand at the door with your hand on the doorknob during the visit. That wisdom about

avoiding "the doorknob" has stayed with me through years of practice, and now, in my role here at the Board, I see clearly how those small moments of genuine connection can make a meaningful difference.

I'll be direct: many of the complaints crossing my desk aren't about clinical judgment. They are about patients feeling unheard, dismissed, or forgotten. The good news is these are the easiest problems to prevent. When we truly listen with a chair pulled up, eyes engaged, and hands nowhere near that doorknob, something remarkable happens. Our patients relax. They share the detail they almost forgot. They hear our treatment recommendations. And yes, they're far less likely to file a complaint that could have been resolved with a short conversation.

Consider being the physician you'd want for your mother. Sit down when you can, and make eye contact. Giving an extra 30 seconds may save you 30 minutes of clarification calls later, or a complaint to the Board, or a malpractice case. Many of us have been on the receiving end of some service with an unknown time to completion, wondering if anyone remembers we exist and wishing for some contact, update, or information. Making a quick call or sending an automatic electronic portal message such as "received your message, will review and respond by Tuesday" beats silence and lets our patients know they are still on our radar.

Own the human moments. Running late? Say so. Uncertain about something? Admit it. Made a communication error? A simple "I should

have explained that better" works wonders. Our patients don't expect perfection, but they do expect honesty in order to build the trust needed for an effective patient-provider relationship.

When we communicate well, everyone wins. Our patients feel valued and follow through better. We field fewer panicked calls and spend less time managing misunderstandings. Most importantly, we remember why we chose this profession: to connect with and help other human beings. The stress reduction alone is worth it, for them and for us.

Instead of adding to your workload, think of investing in communication as insurance decreasing the likelihood for the investigations, peer reviews, and administrative headaches that eat up far more time than a simple conversation.

Your patients may not remember the exact medication you prescribed, but they'll never forget how you made them feel.

Thank you for all you do, and for taking a moment to reflect on how we can do it even better. +

Physician Opportunity: Oregon Board of Pharmacy Public Health and Formulary Advisory Committee

The Oregon Board of Pharmacy is accepting applications for a physician committee member on the Public Health and Formulary Advisory Committee (PHPFAC). This statutory, multidisciplinary committee advises the Board in promulgating rules under ORS 689.645, focusing on pharmacist prescriptive authority via statewide drug therapy management protocols and a formulary list of drugs and devices. The committee meets virtually 3–4 times per year.

If you are interested in serving on the PHPFAC, submit an application [here](#). More information is available on the Oregon Board of Pharmacy's [website](#). +

FSMB: New Educational Video Series on Physician Professional Boundaries

Earlier this year, the Federation of State Medical Boards (FSMB), the FSMB Foundation, and the Administrators in Medicine (AIM) Foundation announced the release of a new, free educational video series designed to promote professionalism and ethical standards in medicine by exploring the critical topic of physician professional boundaries.

This series, available online [here](#), features concise, scenario-based videos depicting real-world challenges physicians may face in maintaining appropriate boundaries with patients. The series guides viewers through three common situations where boundaries may become blurred:

- Writing prescriptions for friends and family
- Pursuing inappropriate romantic relationships with patients, their guardians, or key third parties
- Conducting intimate examinations without clear communication and patient consent

Each scenario is followed by expert guidance on recognizing, understanding, and navigating these complex situations, emphasizing the importance of professionalism, ethical conduct, and maintaining trust in the physician-patient relationship.

This series is intended for a wide audience, including medical students, practicing physicians, patients, members and staff of state medical and osteopathic boards, and others in the medical regulatory community.

CME Accreditation

The FSMB is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. This enduring material is designated for a maximum of 0.50 AMA PRA Category 1 Credit™.

The FSMB Foundation and AIM Foundation, in partnership with FSMB, are committed to supporting research and education initiatives that improve patient safety and the quality of health care through effective medical regulation and professional development. This new video series exemplifies their shared mission to provide innovative, accessible educational resources to the medical community. +

ODHS Announces New Online Training on Recognizing and Reporting Child Abuse

The Oregon Department of Human Services (ODHS) has launched its first-ever **interactive online training** for the public about reporting suspected child abuse. The training rollout coincides with Child Abuse Awareness Month and the announcement of a new **safety initiative underway in Child Welfare**.

Safety priorities in the initiative include improving safety for children in foster care and children who come to the attention of Child Welfare in addition to providing training to the public and professionals known as mandatory reporters. Mandatory reporters are required by law to report suspected child abuse, and include professionals in healthcare, law enforcement, social work and education fields, among others.

The new online training helps reporters identify types of child abuse, learn how to report, and recognize when a family needs material or economic assistance. Across the country and in Oregon, efforts to better distinguish between child abuse and neglect and family needs related to poverty are driving family support programs, sometimes called family preservation or prevention.

The training takes about one hour to complete and is considered the official Oregon Health Authority and ODHS state course with the most up-to-date guidance on child abuse and effective reporting. The training is available on the **Reporting Child Abuse webpage** in partnership with Oregon State University's Professional and Continuing Education (PACE). +

Continuing Education: Suicide Prevention, Intervention, and Postvention Trainings in Oregon

Oregon healthcare professionals have access to a comprehensive range of suicide prevention, intervention, and postvention trainings that qualify for a variety of continuing education credits. These evidence-based trainings are designed to enhance clinical competence in identifying, assessing, and supporting individuals at risk of suicide.

The Oregon Health Authority (OHA) recently released its 2025 "[Suicide Prevention Training for Behavioral Health Providers: Data Report to the Legislature](#)," which demonstrates the growing impact of these training initiatives. The report outlines training participation rates across different healthcare professions and provides data on the effectiveness of Oregon's 2022 law requiring suicide prevention training for behavioral health workers.

Featured Training

[Addressing Firearm Safety with Patients at Risk of Suicide](#)

According to OHA, this training is particularly valuable for providers working in rural communities where firearm access is common. Developed based on [research](#) with rural Oregonians who own firearms with support from OHA, this one-hour, self-paced online course provides practical, evidence-based tools for discussing firearm safety with patients in a culturally sensitive and trauma-informed manner. St. Charles Health Systems designates this live virtual activity for 1.0 AMA PRA Category 1 Credit™ and the training is an OHA-Approved [Cultural Competence CE](#) requirement. More than 96% of participants felt the information provided was relevant to their practice or professional development and more than 88% of participants would recommend the course to their colleagues.

Additional OHA-Supported Trainings

The Oregon Health Authority supports the Big River Suicide Prevention suite of trainings that provide a comprehensive approach to the continuum of care, available [here](#). +

Electronic Requirements for Entering Death Records

Oregon's [House Bill 3127](#), passed in the 2025 legislative session, mandates the use of the state's electronic system to complete death records. The implementation of HB 3127 marks a move toward a more modern and efficient vital records system in Oregon, ensuring greater accuracy, accessibility, and streamlined processes for all involved. This law will go into effect on January 1, 2026.

The Oregon Vital Events Registration System (OVERS) is the state's electronic system for entering death records. It is a web-based system that allows medical certifiers to easily complete their portion of the death record. Medical certifiers can be physicians, physician associates, or nurse practitioners. OVERS includes built-in error messages that warn you about possible issues on the record which can be overridden. This validation process helps minimize follow up requests to fix errors on the death record. OVERS also has a feature to enter amendments to the record electronically.

Oregon Vital Records provides a [webpage](#) specifically for medical certifiers that has the following information:

- OVERS Enrollment Form and steps on how to enroll in the system.
- Training videos with step-by-step instructions on how to complete records in OVERS.
- Cause of death resources and training.
- Resources on how to amend a death record.
- How to set up an OVERS Facility Administrator.

For help with OVERS, contact the OVERS Technical Support line with questions on topics such as locating or certifying a record, error messages, or login information. Their number is 971-673-0279 and they are available Monday through Friday from 8 a.m. to 5 p.m. Pacific Time.

Medical certifiers are encouraged to enroll in OVERS and begin using it before the electronic reporting deadline of January 1, 2026.

If you or anyone at your facility has questions about enrolling in OVERS or would like to request a training, email CHS.PartnerServices@oha.oregon.gov. Additional information is available on the Board's [Medical Certification of Death page](#). +

American Medical Association: Suicide Prevention Guide to Treat At-Risk Patients

Integrated Behavioral Health Care Strategies

The newly updated "[Suicide Prevention Guide](#)" offers practical strategies, actionable steps, and evidence-based resources to physician practices and health systems serving both children and adults on identifying patients at-risk for suicide and connecting them with the most appropriate treatment plan.

This is part of the American Medical Association's (AMA) broader efforts to empower health care organizations to overcome obstacles to accessible and equitable treatment for their patients' behavioral, mental, and physical health needs.

Spotting the Signs of Suicide Risk in Patients

Studies show more than 50% of patients contemplating suicide interact with their primary care provider within 30 days of their death. However, clinical staff may feel unprepared to respond when a patient expresses suicidal ideation or behavior.

With advanced preparation and proper training, primary care physicians and their care teams can effectively leverage their relationships with patients and play an important role in patient safety, suicide prevention, treatment, and recovery.

Being prepared to spot the signs of suicide risk and knowing how to flag patients at risk can be done by any member of the care team and are critical first steps in establishing trust, ensuring safety, engaging others, and connecting patients with the most appropriate treatment plan.

Integrating Suicide Prevention Strategies into Practice

In this guide, primary care physicians and their care teams will learn how to include the following best practices into their processes and procedures to address patients at-risk for suicide.

- Implement a treatment plan that addresses individual risk drivers and provide a benchmark to measure patient progress over time.
- Includes a virtual or in-person "warm handoff" script to help primary care providers facilitate transitioning the patient to a behavioral health clinician.
- Treatment modalities highlighted include brief interventions (e.g., motivational interviewing), outpatient services (e.g., pharmacotherapy), behavioral therapy (e.g., cognitive behavioral therapy for suicide prevention), intensive outpatient/partial hospitalization program services or residential/inpatient services.
- Understanding financial considerations of how to bill for screening, evaluation and treatment of patients experiencing suicidal ideation, including awareness of specific Current Procedural Terminology (CPT®) codes, will help ensure the sustainability of a comprehensive suicide prevention and treatment protocol.
- Gain access to resources such as checklists, training programs, customizable letters, and assessment and screening tools.

Download the AMA's "[Suicide Prevention Guide](#)" to learn more about how your practice or system can effectively identify and treat patients at-risk of suicide. +



Amended Statement of Philosophy: Mesotherapy and Injection Lipolysis

Background

Mesotherapy is the practice of injecting chemical preparations such as enzymes, hormones, plant extracts, vitamins, and/or other substances into the dermal layer of the skin (intradermal) or the deeper, subcutaneous tissue layer beneath the skin for cosmetic purposes.

Injection lipolysis is a type of mesotherapy using a nonsurgical procedure that involves administering a series of injections under the skin into the subcutaneous layer to break down fat cells in the areas around the injection sites. Preparations utilizing deoxycholic acid (DCA) and/or phosphatidylcholine (PPC) are known to be used for injection lipolysis. DCA and PPC are both emulsifiers and surfactants. PPC is the most abundant phospholipid component of cell membranes, a precursor to acetylcholine, and a constituent of lipoproteins. PPC works to disrupt the membrane of fat cells through the release of lipids. DCA is a bile salt that helps emulsify and break down fat as well as maintain PPC solubility for injection.

Currently, Kybella is the only FDA-approved fat-dissolving injectable drug. Its active ingredient is DCA and it is solely approved for reducing fat under the chin in adults.

Physicians may order individualized prescriptions from a compounding pharmacy designed for a specific patient for the purpose of injection lipolysis. However, there is a risk of FDA investigation and sanctions involving compounded drugs that are not approved by the FDA.

Safety and Efficacy of Injection Lipolysis

Any clinical study involving subcutaneous injection of these drugs requires Food and Drug Administration (FDA) approval of an investigational new drug (IND) application plus approval by an institutional review board (IRB). Reports of adverse events have been documented following the injection of compounded preparations for injection lipolysis. These adverse events include mycobacterium skin infections, inferior alveolar nerve injury, skin ulcers, panniculitis, alopecia, nausea, diarrhea, and dizziness. The depth of injection lipolysis is critical to prevent damage to the underlying fascia layer.

The U.S. Food and Drug Administration has specifically noted significant risks associated with unapproved fat-dissolving injections.

Patients should be advised that unapproved fat-dissolving injections have been associated with serious complications. These include permanent scarring, severe infections, skin deformities, cysts, and painful knots. Many of these adverse reactions have occurred when injections were administered by improperly licensed personnel or when individuals attempted to inject themselves with products purchased online.

Recommendations Regarding Injection Lipolysis

Injection lipolysis is typically performed using FDA-approved products or with proprietary formulations provided by compounding pharmacies. The Board only supports injection of medications which are FDA-approved for injection lipolysis. While Board licensees are authorized to prescribe medications consistent with the established standards of care, regardless of approval by the FDA, they should avoid prescribing medications that have little scientific evidence. Licensees should be aware and inform patients of possible side effects before administering and prescribing any medication.

Healthcare providers should emphasize to patients that safe and effective use of these products depends on correct injection techniques, proper needle placement, and professional administration. Patients should never purchase ingredients for unapproved fat-dissolving injections or attempt to inject themselves. +

-Adopted October 2007;
Amended October 2, 2025

Resources: U.S. Food & Drug Administration, [Using Fat-Dissolving Injections That Are Not FDA Approved Can Be Harmful, December 20, 2023](#)

Internationally Trained Physicians

SB 476 (2025) creates a provisional license pathway for internationally trained physicians in Oregon. Passed by the Oregon Legislature and signed into law by Governor Kotek, this legislation takes effect January 1, 2027. Under the new law, internationally trained physicians can practice under the supervision of an Oregon-licensed physician with a provisional license. After completing four years of supervised practice, they become eligible to apply for full medical licensure in Oregon.

To receive email updates about the development of the Internationally Trained Physicians licensure pathway, sign up through the Oregon Medical Board's [Subscriber Lists](#) and select "SB 476 Implementation."

The OMB will form a workgroup to develop rules for implementing SB 476's provisional license program. This advisory workgroup will include

members from affected communities to ensure their perspectives shape the implementation process. While the workgroup provides recommendations, the OMB maintains final decision-making authority and consensus among workgroup members is not required. OMB will begin recruiting interested candidates in December 2025. The complete implementation timeline is available at omb.oregon.gov/itp.

Please email elizabeth.ross@omb.oregon.gov with questions regarding implementation of this provisional license or have interest in participating in the SB 476 Workgroup. +



Oregon Administrative Rules

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules expire 180 days after adoption unless permanently adopted through the rulemaking process. Official notice of rulemaking is provided in the Secretary of State Bulletin. The full text of the OARs under review and the procedure for submitting comments can be found at omb.oregon.gov/rules.

PROPOSED RULES

Written comments for all proposed rulemakings are due by 5 p.m. on November 24, 2025, via email to elizabeth.ross@omb.oregon.gov. Additional information can be found at omb.oregon.gov/rules.

847-071-0000, 847-071-0005, 847-071-0007, 847-071-0020, 847-071-0025, 847-071-0030, 847-071-0035, 847-071-0040, 847-071-0050, 847-005-0005:
Implementing HB 2143 to establish five-needle protocol technician qualifications and regulations.

The proposed rules implement House Bill 2143 (2025) that was passed by the Oregon Legislature and signed into law by Governor Kotek in June 2025. This legislation allows individuals with specific training in five-needle protocol (5NP) to apply for registration with the Oregon Medical Board beginning March 1, 2026. In Oregon, 5NP is defined as a standardized, supportive treatment for substance use disorders, mental health conditions, and trauma. The proposed rulemaking is needed to establish the 5NP technician qualifications, registration process, training requirements, and sanitation and best practice standards for 5NP treatments. Additionally, HB 2143 also authorizes the OMB to establish registration and renewal fees for 5NP technicians. The proposed rulemaking sets fees at \$100 for initial registration and \$50 annually (\$100 biennially) for renewal starting March 1, 2026. Also, the OMB will apply its existing Criminal Records Check Fee to 5NP technicians during the initial application process and as needed for renewals or investigations, as permitted under HB 2143.

The Board will take public oral comments on the proposed rule at a public hearing via videoconference on Tuesday, November 18, 2025, at 10:00 a.m. and written comments will

be accepted until 5 p.m. on May 23, 2025. See the [Notice of Proposed Rulemaking](#) or the [5NP webpage](#) for how to participate in the public hearing via videoconference.

847-070-0005, 847-070-0016, 847-070-0017, 847-070-0019, 847-070-0022, 847-070-0033, 847-070-0037, 847-070-0045, 847-070-0060, 847-008-0070, 847-010-0073:
Implementing SB 874 (2025) and updating the National Certification Commission for Acupuncture and Oriental Medicine.

The proposed rulemaking implements SB 874(2025) adding a definition for "Traditional Eastern medicine" to provide cohesion and clarify the OMB's authority to regulate acupuncturists. The bill replaced the term "Oriental medicine" with "Traditional Eastern medicine" throughout ORS chapter 677. The bill also clarifies the definition of "acupuncture" and updates the Oregon Association of Acupuncturists name. SB 874 did not change the scope of practice for acupuncturists in Oregon. Additionally, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The proposed rule also makes this update. Their exam titles, including Foundations of Oriental Medicine, will remain the same.

847-035-0030:
Clarifying EMTs may only assist with single dose medication syringes and vials.

On May 16, 2025, the EMS Committee reviewed if an Emergency Medical Technician (EMT) may access medication vials, with a syringe and needle, and draw up a medication for an on-scene Paramedic. The EMS Committee concluded EMTs should not be pulling up medications from vials, unless preloaded, except epinephrine as provided in the current rule. The proposed amendment clarifies that an EMT may assist the on-scene Advanced EMT, EMT-Intermediate, or Paramedic by opening, assembling and uncapping preloaded single dose medication syringes and vials.

Comments provided prior to November 19, 2025, will be reviewed by the EMS Advisory Committee on November 21, 2025.

847-010-0090, 847-020-0100, 847-020-0120:
Updating Canadian Medical School Accreditation implementing SB 476 (2025).

The proposed rulemaking implements SB 476 (2025) section 7a which updated the definition for "approved medical school" to include the Committee on Accreditation of Canadian Medical

Schools, effective January 1, 2026. As of July 1, 2025, Canadian medical schools were no longer accredited by the Liaison Committee on Medical Education (through U.S. Department of Education). Without the proposed amendment, Canadian medical school graduates would have to apply for Oregon licensure as an international medical graduate and meet additional requirements.

847-023-0000, 847-023-0005, 847-023-0010, 847-023-0015, 847-026-0000: Repealing division 23 for volunteer emeritus physicians to implement SB 873 (2025).

SB 873 (2025) repeals ORS 677.120, the licensure of volunteer emeritus physicians, to remove unneeded regulations, effective January 1, 2026. The proposed rulemaking implements the bill by repealing the related rules. No out-of-state physician currently holds a volunteer emeritus license. As an alternative, House Bill 4096 (2022) created an authorization for out-of-state physicians to practice in Oregon for up to 30 days each calendar year, see ORS 676.347. Compared to the volunteer practice now allowed in ORS 676.347, the Volunteer Emeritus license is more restrictive, costly, and cumbersome for out-of-state physicians. The proposed rulemaking also updates the rule outlining the qualifications for licensure by expedited endorsement because it referenced qualifications established in the volunteer emeritus license rules. There are no substantive changes to the qualifications for expedited endorsement.

847-065-0010, 847-065-0015, 847-065-0020, 847-065-0025, 847-065-0030, 847-065-0035, 847-065-0040, 847-065-0045, 847-065-0050, 847-065-0055, 847-065-0065, 847-065-0070: Implementing HB 3043 (2025) making updates the Health Professionals' Services Program.

For the Health Professionals' Services Program (HPSP), HB 3043 (2025) adds criteria to the initial evaluation process, updates definitions for direct supervisor and diversion agreements, and authorizes boards to define substantial noncompliance with the program, effective January 1, 2026. The proposed rulemaking updates the HPSP rules to align with HB 3043.

PERMANENT RULES

847-010-0300: Implementing SB 1557 (2024) and SB 729 (2025) for access to mental health assessment, treatment, or services.

Each person is an individual with unique strengths and needs and must be met with developmentally, culturally and linguistically appropriate and individually responsive services that recognize the individual as a whole person. SB 1557 (2024) and

SB 729 (2025) direct the Oregon Medical Board, among other health licensing agencies that license or certify mental or behavioral health providers, to adopt rules that prohibit licensees from denying any individual to access mental health assessment, treatment or services on the basis that the individual also has an intellectual or developmental disability. The rulemaking implemented this statutory requirement. **No public comments received.**

847-008-0020: Clarifies locum tenens status requirements.

The rulemaking clarifies the locum tenens status requirements, that the licensee must not qualify for active status under OAR 847-008-0015. **No public comments received.**

847-020-0170: Updating licensure examination requirements for the Medical Council of Canada Qualifying Examination.

In 2021, the Medical Council of Canada [Qualifying Examination \(MCCQE\) Part II](#) was discontinued and no longer required to receive Licentiate of Medical Council of Canada (LMCC) certification. The examination requirement for LMCC only requires a physician to pass MCCQE part 1. Other states such as Washington, California, Maine, Minnesota, and Arizona that accept a Canadian examination require LMCC certification, rather than specifying MCCQE parts. To align with the Oregon Medical Board's current practice of accepting LMCC certification for examination purposes, the rulemaking updates the requirement to LMCC certification. **No public comments received.**

847-001-0000: Updating proposed rule notice requirements.

ORS 183.341 requires all state agencies to adopt rules of procedure to provide a reasonable opportunity for interested persons to be notified of the agency's intention to adopt, amend or repeal a rule. To align with current practice and account for advances in technology, the rule amendments remove specific delivery methods and requirements to provide notice to specific media outlets. For more than 15 years, the Oregon Medical Board has emailed rulemaking notices to persons on the OMB's interested parties list. Currently, there are over 1,100 emails on this list. There are links on the OMB's webpage to allow anyone to [sign up](#). OMB has been mailing the Capitol Press room in the State Capitol rulemaking notices. With construction and other changes, this room no longer exists, and mail was returned. To ensure the media still receive rulemaking notices, OMB staff added the Oregon Capitol press corps members to OMB's interested party list, which includes Associated Press reporters. **No public comments received. +**

Board Actions: July 16, 2025 – October 15, 2025

Many licensees have similar names. Please review Board Action details carefully to ensure that it is the intended licensee.

AUTOMATIC SUSPENSION ORDERS

KNIGHT-KING, Zachary J., PA; PA150255 Lebanon, OR

On July 25, 2025, the Board issued an Order of License Suspension to immediately suspend licensee's medical license pursuant to ORS 677.225(1)(b). This Order terminates Licensee's January 26, 2024, Interim Stipulated Order.

NON-DISCIPLINARY BOARD ACTIONS

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

ANDERSON, Bryon E., PA; PA217115 | Bend, OR

On July 22, 2025, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for 2,000 hours.

BENITEZ, Valentina G., LAc; AC225682 | Portland, OR

On August 7, 2025, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved acupuncturist mentor for 80 hours.

DE OLAZO, Aura T. B., MD; MD150967 | Tigard, OR

On September 10, 2025, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

EDWARDS, Kellie W., MD; MD190406 | Bingen, WA

On October 10, 2025, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

GELETO, Gemechu A., MD; MD218564 | Newberg, OR

On August 18, 2025, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement,

Applicant agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

HOFFNER, Robert R., PA; PA167347 | Medford, OR

On July 22, 2025, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for 2,000 hours.

POULSEN, Lindsey C., PA; PA223650 | Eugene, OR

On July 17, 2025, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 2,000 hours.

RING, Eric W., MD; MD21278 | Medford, OR

On July 22, 2025, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved board-certified physician mentor(s) for six months.

ROWLEY, Mildred H., MD; MD154795 | Florence, OR

On October 6, 2025, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

SHUMAN, Cindy A., PA; PA01181 | Bend, OR

On September 17, 2025, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for 1,200 hours.

STEWART-CLARK, Skylar, PA; PA227101 | Portland, OR

On September 23, 2025, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for 1,200 hours.

CORRECTIVE ACTION AGREEMENTS

O'MAILIA, Nina C., PA; PA152466 | Happy Valley, OR

On October 2, 2025, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to successfully complete pre-approved prescribing, medical documentation, and communication courses and to enter into a mentorship with a Board-approved physician mentor.

INTERIM STIPULATED ORDERS

MERLO-GRIFANTINI, Heather C., MD; MD153468 Grants Pass, OR

On September 24, 2025, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her license in Inactive status pending the completion of the Board's investigation into her ability to safely and competently practice medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

STANLEY, David W., MD; MD204380 | Portland, OR

On September 29, 2025, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

WACEK, Paul D., PA; PA01087 | West Linn, OR

On August 4, 2025, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

DISCIPLINARY ACTIONS

MOHLER, Craig G., MD; MD17892 | Eugene, OR

On October 2, 2025, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination or record keeping. With this Order, Licensee surrenders his Oregon medical license while under investigation and agrees to never reapply for an Oregon medical license.

TAMBAKIS-ODOM, Constance R., MD; MD166388 Wilmington, NC

On October 2, 2025, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. With this Order, Licensee agrees to not renew, reactivate, or reapply for an Oregon license.

ORDERS MODIFYING OR TERMINATING PREVIOUS BOARD ORDERS

DENKER, John T., MD; MD12668 | Portland, OR

On October 2, 2025, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's July 10, 2014, Stipulated Order and October 6, 2016, Order Modifying Stipulated Order.

DOLEZAL, Anna M., MD; MD186456 | Bend, OR

On October 2, 2025, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's October 2, 2020, Stipulated Order.

EDWARDS, Kellie W., MD; MD190406 | Bingen, WA

On October 2, 2025, the Board issued an Order Reinstating License. This Order terminates Licensee's October 24, 2024, Order of Immediate License Suspension.

ESTEVEZ, Miguel, MD; MD160337 | Coburg, OR

On October 2, 2025, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 4, 2018, Stipulated Order. +



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The *OMB Report* is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.